

Exhibit A

**UNITED STATES DISTRICT COURT
DISTRICT OF MINNESOTA**

In re: BAIR HUGGER FORCED AIR WARMING
DEVICES PRODUCTS LIABILITY LITIGATION
This Document Relates To:
All Actions

MDL No. 15-2666 (JNE/FLN)
[Proposed]
PRETRIAL ORDER NO. :
PLAINTIFF FACT SHEET

Plaintiff: Dorothy Smith

This Plaintiff Fact Sheet must be completed pursuant to the Pretrial Order by each plaintiff or their personal representative. Section IX must be completed by loss of consortium plaintiffs.

In completing this Fact Sheet, you are under oath and must provide information that is true and correct to the best of your knowledge. Please answer every question, and do not leave any blanks throughout this Fact Sheet. If you cannot recall all of the details requested, please provide as much information as you can. If a question is not applicable to you, please state "Not Applicable" or "N/A." If any information you need to complete this Fact Sheet is in the possession of your attorney or other representative, please consult with that attorney or representative so that you can fully and accurately respond to the questions. If you do not have room in the space provided to complete your answer, please attach as many sheets of paper as necessary to fully answer the questions. You are obligated to supplement your responses if you learn that they are incomplete or incorrect in any material respect. No answer requires any waiver of privilege.

As used herein, the term "communication" and/or "correspondence" shall mean and refer to any oral, written or electronic transmission of information, including, without limitation, meetings, discussions, conversations, telephone calls, memoranda, letters, e-mails, text messages, conferences, or seminars or any other exchange of information.

As used herein, the term "identify" or "identity" with respect to persons, means to give, to the extent known, the person's full name, their present or last known addresses and phone numbers.

As used herein, the term "person" means natural person, as well as corporate and/or governmental entity.

As used herein, "your attorney" refers to the attorneys that represent you individually in this lawsuit.

As used herein, the terms "Relating to," "relate to," "referring to," "refer to," "reflecting," "reflect," "concerning," or "concern" shall mean evidencing, regarding, concerning, discussing, embodying, describing, summarizing, containing, constituting, showing, mentioning, reflecting, pertaining to, dealing with, relating to, referring to in any way or manner, or in any way logically or factually, connecting with the matter described in that paragraph of these demands, including documents attached to or used in the preparation of or concerning the preparation of the documents.

NOTE TO PEOPLE IN A REPRESENTATIVE CAPACITY

If you are completing this form in a representative capacity, only the information in Section I asks for information about you, individually. Throughout the rest of the Plaintiff Fact Sheet, the questions seek information about the person who you claim was injured, or on whose behalf you bring this lawsuit. Other than in Section I, when a question asks for information about "you" or the "plaintiff," please provide information about the person you claim was injured or on whose behalf you have brought this lawsuit.

I. CASE INFORMATION

1. Name of person completing this form : Dorothy Smith
2. State the following for the civil action which you filed :
 - a. Current case caption : Dorothy Smith v. 3M Company, et al
 - b. Current case number : 18-cv-000348
3. State the name, address, telephone and facsimile numbers, and e-mail address of the principal attorney representing you :
 - a. Name : Tayjes Shah
 - b. Firm : The Miller Firm LLC
 - c. Address : 108 Railroad Ave, Orange, VA 22960
 - d. Telephone : 540-672-4224 Fax : 540-672-3022
 - e. E-mail : tshah@millerfirmllc.com
4. If you are completing this questionnaire in a representative capacity (e.g., on behalf of an estate, or incapacitated or deceased person), please state the following information about yourself :
 - a. Name : N/a
 - b. Any other names (e.g., maiden name or alias) you have used or by which you have been known and the dates you used those names :
 - c. Your Address :
 - d. Individual or estate you are representing, and in what capacity you are representing the individual or estate :
 - e. If you were appointed as a representative by a court, state the court :
 - f. Date of Appointment :
 - g. State your relationship with the represented person claimed to be injured :
 - h. If you represent a decedent's estate, state the date and the address of the place of death :

II. PERSONAL INFORMATION (re Person claiming injuries)

1. State the following regarding your personal information :

a. First Name : Dorothy

Middle Name : J.

Last Name : Smith

b. Any other names (e.g., maiden name or alias) you have used or by which you have been known and the dates when you used those names :

Dorothy Kenney and Dorothy Bayes

c. Social Security Number :

d. Address : 877 Leona Avenue Columbus, OH 32301

e. State how long you have lived at your present address : 30 years

f. Identify all persons who lived with you at the time of the events alleged in the Complaint, and their relationship to you : Arthur Smith- husband

2. Driver's license number and state issuing license : rd485390; OH

3. Date and place of birth : West Virginia

4. Sex : Female

5. If you have Medicare, please state your HICN number (if known) : 236744171A

6. Identify each address at which you have resided during the last ten (10) years, and list the approximate years when you started and stopped living at each one :

Address	Date of Residence Start	Date of Residence End
877 Leona Ave Columbus, OH	01/01/1988	

7. Are you currently, or have you ever been, married?

Yes

If "yes," for each spouse, please state the following:

Name and Address (if different from yours) of Spouse	Date of Birth	Date Marriage Began	Date Marriage Ended	How Marriage Ended
Arthur Smith		10/15/1987	04/19/2013	death
Andrew Bayes		09/28/1964	10/00/1970	Divorce

8. For each of your children, please state their name and year of birth :

Children Name	Year of Birth
Vanessa Bayes	

Chaney Bayes	
--------------	--

9. Identify the following information for each school, college, university, vocational school, or other educational institution you have attended beginning with high school :

Name of School	City and State	Dates of attendance Start	Dates of attendance End	Degree Awarded	Major or Primary Field
Stratton High	Beckley, WV	09/01/1959	06/01/1963	Diploma	

10. For your current employer (if you are not currently employed, your last employer) and each employer for the last ten (10) years, state the following to the extent you can recall :

Name and Address of Employer	Approx. Dates of Employment Start	Approx. Dates of Employment End	Occupation/Job Title	Reason for Leaving
Retired 2001				

11. Have you ever served in any branch of the military?

No

12. Have you ever been rejected from military service for any reason relating to your medical or physical condition?

No

13. Have you been convicted of a felony or a crime involving a dishonest act or false statement in the last ten (10) years?

No

14. Do you recall ever visiting a website, blog, etc., regarding the use of patient warming systems during surgery, or any risks or benefits to patient warming in general or by device type? If so, identify the website, blog, etc., you visited and the location of any copy of the information you reviewed if it still exists:

No

15. Do you recall ever posting or writing anywhere on the internet in a public forum about Defendants, any patient warming system or device, or the injuries you allege were caused by Defendants' product, including but not limited to, posting on a personal website, blog, Facebook account, Linked In account, or other social media?

No

16. Do you have any drawings, journals, slides, diaries, notes, letters, or emails which refer to your health or well being relating to your surgery, alleged injury, and your life after your alleged injury?
- No

III. SURGERY INFORMATION

To the extent responsive information to the questions below is available in medical records in your possession or in the possession of your attorneys, please produce such records.

1. Do you have information that a Bair Hugger™ Patient Warming System ("Bair Hugger system") was used during the surgery allegedly connected to the infection at issue?

Yes

If "yes," please describe that information? Unknown at this time

When did you first discover this information? unknown

How did you learn this? ad

Provide the Serial or Model Number of the device used : unknown at this time

Where is this product now? unknown

2. Other than based upon information from a consulting expert, do you have information as to whether the operating room (where the surgery at which you claim you were injured was performed) utilized a laminar air flow system at the time of your surgery?

Do not know.

3. State the following information related to the surgery or surgeries at which you claim you were injured by a Bair Hugger system (answer separately for each surgery at issue) :

Surgery Details : 1

Hospital Name :

Riverside Methodist Hospital

Date of surgery :

01/21/2016

Location of surgery :

3535 Olentangy Rive Road Columbus, OH 43214

Identify the physician performing the surgery :

Kurt Louis Unverferth, MD

Type of surgery :

Left Total Hip Arthroplasty

Reason for surgery :

Osteoarthritis

Your height and weight at the time of surgery :

5'3" 234lbs

List all medical conditions or diagnoses (for example, high blood pressure or diabetes) that you had at the time you went into surgery :

Anxiety. diabetes. fibroid. high cholesterol. hypertension. hypothyroidism. multiple sclerosis. and spinal

Identify any infections you had, if any, during the 6 months before you had surgery :

None

Identify all persons with whom you had discussions about the risks of surgery, and describe the risks discussed :

None

Identify the type of microbe, bacterium, virus, or organism, you allege caused the infection that is the subject of this lawsuit (if known) and the basis for your knowledge if not subject to privilege :

MSSA Prosthetic hip infection along with bacteremia

4. Has anyone, excluding any retained medical or scientific expert or your attorneys, expressed the opinion or otherwise told you that the Bair Hugger system caused the infection or injury that is the basis for this lawsuit?

No

5. Are you aware of any non-privileged tests or inspections that have been conducted of the Bair Hugger system allegedly used at your surgery, or of any other Bair Hugger device?

No

IV. GENERAL MEDICAL INFORMATION

1. Identify the following vital statistics :

Current (last) height : 5'4 1/2

Current (last) weight : 230

2. Identify the name and address of your current (last) family and/or primary care physician :

Family Name	Address	Primary care Physician
Jeannie Hughes, MD	444 North Cleveland Ave Westerville OH	Westerville Family Physicians

3. Identify all healthcare providers with whom you have consulted or treated beginning seven (7) years before the surgery at which you claim you were injured by a Bair Hugger system through the present, and for each provider, state the following information :

Doctor or Healthcare Provider's Name	Specialty	Address	Years of Visits Start	Years of Visits End	Reasons for Seeing this Provider
Kurt Unverferth, MD,	Orthopedic Surgeon	4605 Sawmill Rd, Upper Arlington, OH 43220	01/01/2011		hip

4. For each hospital, clinic, surgery center, healthcare facility, physical therapy or rehabilitation center where you have received medical treatment (in-patient, out-patient, urgent care or emergency room) from the time seven (7) years before the surgery at which you claim you were injured by a Bair Hugger system to the present, state the following information :

Name	Address and Telephone Number	Admission Start Date	Admission End Date	Reason for Admission
N/a				
Riverside Methodist Hospital	3535 Olentangy River Rd, Columbus, OH 43214 Phone: (614) 566-5000	01/01/2000		Total hip replacement, thyroidectomy and Gallbladder

5. List all of the medications (prescription and over the counter) you currently take.

Medication	Dose/ Frequency of Use	Physician Ordering	Purpose
Levothyroxine	88mg once daily	Jeannie Hughes, MD	hypothyroidism

Pantoprazole	40mg once daily	Dr. Jeannie Hughes	GERD
Glimepiride	2mg once daily	Dr. Jeannie Hughes	Diabetes
Simvastatin	40 mg once daily	Dr. Jeannie Hughes	high cholesterol
Paroxetine	20 mg once daily	Dr. Jeannie Hughes	depression and anxiety
Copaxone	40 mg 3 times a week	Dr. Jeannie Hughes	MS

6. For each prescription medication you have taken at least once a month over the course of four months or more at any time during the last seven (7) years prior to the surgery, other than the ones above, identify the following information :

Name of Prescription Medication	Who Prescribed the Medication	Understanding of Reason for Taking	Start Date taken	End Date taken
Ibuprofen	Dr. Jeannie	pain	01/01/2011	

7. Identify the following for each pharmacy, drugstore, or other facility or supplier (including, but not limited to, mail order pharmacies) that has dispensed medication to you in the past five (5) years :

Name of Pharmacy	Address and Telephone Number of Pharmacy	Start date You Used Pharmacy	End date You Used Pharmacy
Kroger Pharmacy	North High Street Columbus, OH 614-294-1696	00/00/2011	00/00/2017
Humana Pharmacy	Po Box 745099 Cincinnati, OH 800-379-0092	00/00/2017	00/00/0000

8. Identify all dental procedures you had beginning 6 months prior to and continuing through 6 months after the surgery during which you claim you were injured by the Bair Hugger system. For each procedure, provide the following information :

Dentist or Healthcare Provider's Name	Address	Date of Procedure	Type of Procedure
N/A			

9. Have you ever used tobacco in any form from the time five (5) years before the surgery at which you claim you were injured by the Bair Hugger system to present?

No

10. For the time period starting one (1) year before the surgery at which you claim you were injured by the Bair Hugger system to the present, have you been treated as an in-patient or out-patient for drug or alcohol abuse or addiction?

No

V. INSURANCE AND OTHER CLAIM INFORMATION

1. Identify any person, insurance company (including any Medicare Advantage Organization), or other entity, including Medicare or Medicaid, that provided medical coverage to you (either directly or through a group, including any employer) or paid medical bills on your behalf at any time, beginning five (5) years before your alleged injuries through the present.

Name of Entity	Policy Number	Name of Policy Holder or Insured (if not you)	Approx. Dates of Coverage
Humana Inc.	H68503207		04/12/2017

2. Have you ever filed a worker's compensation claim in the last ten (10) years?

No

3. Have you ever been out of work for more than thirty (30) days in any one or more of the last ten (10) years, for any reasons related to your health excluding maternity leave?

No

4. Have you ever filed social security disability claims (SSI or SSD) or filed a disability claim with a private insurer?

Yes

If "yes," please state :

Approximate year of the claim : 2000

Nature of disability : SSD- Multiple Sclerosis

Was the claim denied? N

5. Have you ever filed a lawsuit or made a claim, other than the present lawsuit, relating to any bodily injury in the last ten (10) years?

No

6. Have you ever filed for bankruptcy subsequent to the date of the surgery in which you claim you were injured by the Bair Hugger system?

No

VI. CURRENT CLAIM INFORMATION

1. Do you allege that you suffered physical and/or bodily injury related to use of a Bair Hugger system?

Yes

If "yes" : describe each bodily injury :

Warming blanket caused infection, which required me to have additional surgery

State the approximate date on which you first became aware of the injury(ies) (regardless of whether you associated the injury with the use of a Bair Hugger system) :

3/2016

If you are currently experiencing any symptoms related to an alleged injury that you attribute to use of a Bair Hugger system, describe your symptoms and any treatment you are currently receiving :

Yes, pain

Describe any activities that you can no longer perform, or cannot perform as well, since the time you allege you were injured :

can't tie shoe laces, dressing self, walking, operate vehicle, daily routine and lose balance

Describe any other physical harm or consequences you suffered as a result :

No

2. Do you allege that use of a Bair Hugger system worsened or aggravated a previously existing injury or condition?

Yes

If "yes," describe the previously existing injury or condition, the approximate date of onset of the previously existing injury or condition, and any treatment for and resolution of the injury or condition :

Pain in leg

3. Do you claim damages related to emotional distress or psychological injuries as a result of use of a Bair Hugger system?

No

psychiatrist, psychologist, or any other mental healthcare professional who has ever treated you, or who you are currently seeing, for any alleged emotional distress or psychological injuries described in the previous question :

Doctor or Healthcare Provider's Name	Specialty	Address	Reasons for Seeing this Provider	Years of Visits Start	Years of Visits End
N/A					

5. Have you read or seen any written, televised, or internet-based advertising or labeling material related to a Bair Hugger system other than in consultation with your attorney?

No

6. In connection with the surgery at which you claim you were injured, were you given any oral or written information or warnings concerning the Bair Hugger system?

No

7. Have you or has anyone acting on your behalf (other than your attorney) had any communications with any Arizant or 3M representative regarding your surgery with and/or claim of injuries from use of a Bair Hugger system?

No

8. Did any representative of Arizant or 3M ever tell you that you got a warranty related to the Bair Hugger™ Patient Warming System or otherwise represent to you the expected performance of the Bair Hugger system?

No

9. Please describe any communications, correspondence, or interactions between You and any representative of Augustine Temperature Management, including but not limited to Dr. Scott Augustine.

None

VII. ECONOMIC DAMAGES

1. Are you making a claim for loss of past wages or income?

No

2. Are you making a claim for loss of future wages, income, or earning capacity?

No

3. Have you paid out-of-pocket medical expenses that are related to any condition that you allege was caused by a defect in a Bair Hugger system?

No

4. For any expenses claimed above, have they been reimbursed or reduced by any third party?

No

5. To your knowledge, has your insurer, or any other entity or person (including the government or a governmental agency or program), paid or incurred any medical expenses related to any condition that you allege was caused by the Bair Hugger system?

Yes

If "yes," identify the name and approximate dates during which your insurer, or other entity or person, paid or incurred any such medical expenses. 2016 Medicare and Humana insurance

6. Provide a statement of the nature and approximate amount of any other economic damages you claim in this lawsuit :

N/A

VIII. PERSONS WITH KNOWLEDGE

1. Identify each person (other than your healthcare providers or attorneys) who possesses important information about the facts of your lawsuit, including your injuries and current medical conditions, to the extent not already listed :

Name	Address	Relationship to You	Subject Matter of Knowledge
Anna Bayes	Columbus, OH	daughter	Lawsuit

2. Has anyone (other than your healthcare providers or attorneys) provided you with a verbal or written statement about the facts or circumstances relating to this lawsuit, including the use of patient warming systems or the conduct or representations of Defendants?

No

IX. LOSS OF CONSORTIUM PLAINTIFFS

1. State the following :
 - a. Your name : N/A
 - b. Any other names (e.g., maiden name or alias) you have used or by which you have been known and the dates you used those names :
 - c. Your Social Security Number :
 - d. Your address :
 - e. State how long you have lived at your present address :
2. Sex : Female
3. Identify each address at which you have resided during the last five (5) years, and list when you started and stopped living at each one :
4. Are you currently, or have you ever been, married to the primary plaintiff in this action?
If "yes," please state when and where you were married, how long you were married, and when and how the marriage ended (if it did) :
5. Do you have any children with the primary plaintiff?
If "yes," please identify their names and years of birth :
6. Describe separately and in detail each and every loss of care, services, companionship, counsel, advice, assistance, comfort, consortium, or any similar loss you are claiming :

X. DOCUMENTATION

Name	Form Name	Modified
Dorothy Smith-0000517031.pdf	Dorothy Smith- (BH & Infection) Riverside methodist-.pdf	11/1/2018 12:32:50 PM
Smith, dorot-0000517032.pdf	Smith, dorothy- BH PFS Signaure Pages .pdf	11/1/2018 12:33:07 PM
Smith, Dorot-0000517033.pdf	Smith, Dorothy J.- Verification .pdf	11/1/2018 12:43:56 PM

Authorizations : Please sign and attach to this Fact Sheet the authorizations for release of records appended hereto.

Documents within your possession : if you have any of the following materials in your possession, please attach a copy to this Fact Sheet.

All diagnostic tests and test results, including original films or video of ultra sounds, MRIs, x-rays, CT scans, etc., taken during the time from ten (10) years before the surgery at which you allege you were injured by use of a 3MTM Bair HuggerTM Patient Warming System to the present.

Copies of all documents from physicians, healthcare providers, or others related to the surgery at which you claim you were injured, any patient warming system, or your recovery from surgery.

Any documents that reflect, show or establish the use of a Bair Hugger system during the surgery at which you claim you were injured.

All documents related to, concerning, or constituting product use instructions, product warnings, package inserts, warranties, guarantees, or other materials provided to you that relate to the Bair Hugger system.

All non-privileged statements obtained from or given by any person having knowledge of facts relevant to your specific case.

All documents relating to the surgery at which you claim you were injured, including, but not limited to medical records, medical bills, prescriptions, diaries, notes, rehabilitation instructions, etc., whether made by you or any other person or entity.

All documents regarding the health risks or hazards associated with or possibly arising from surgery, which you received or generated in connection with or at any time before the surgery at which you claim you were injured.

All documents in your possession that you believe were provided to you by any Defendant (unless they first were given to you by your attorney), related to the claims in your case.

All documents and things in your possession that relate to any Defendant and were in your possession before the surgery at which you claim you were injured, related to the claims in your case.

If you claim to have suffered a loss of earnings, or lost earnings capacity, your federal tax returns and W-2s for each year, beginning three years prior to the injury you allege is related to the use of a Bair Hugger system through the present.

If you claim any loss from medical expenses, copies of all bills from any physician, hospital, pharmacy, or other healthcare provider.

Decedent's death certificate (if applicable).

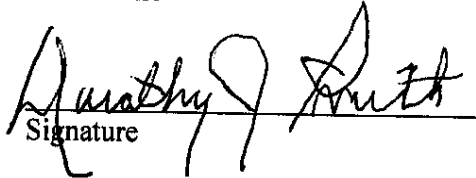
K. If you claim any loss from medical expenses, copies of all bills from any physician, hospital, pharmacy, or other healthcare provider.

L. Decedent's death certificate (if applicable).

VERIFICATION

Pursuant to 28 U.S.C. § 1746, I declare under the penalty of perjury that all of the information provided in this Fact Sheet is true and correct to the best of my knowledge.

Dorothy L Smith
Print Name


Signature

10/31/2018
Date

Print Name
(Loss of Consortium Plaintiff)

Signature

Date

Exhibit B

**UNITED STATES DISTRICT COURT
DISTRICT OF MINNESOTA**

In re: BAIR HUGGER FORCED AIR WARMING
DEVICES PRODUCTS LIABILITY LITIGATION
This Document Relates To:
All Actions

MDL No. 15-2666 (JNE/FLN)
[Proposed]
PRETRIAL ORDER NO. :
PLAINTIFF FACT SHEET

Plaintiff: Dorothy Smith

This Plaintiff Fact Sheet must be completed pursuant to the Pretrial Order by each plaintiff or their personal representative. Section IX must be completed by loss of consortium plaintiffs.

In completing this Fact Sheet, you are under oath and must provide information that is true and correct to the best of your knowledge. Please answer every question, and do not leave any blanks throughout this Fact Sheet. If you cannot recall all of the details requested, please provide as much information as you can. If a question is not applicable to you, please state "Not Applicable" or "N/A." If any information you need to complete this Fact Sheet is in the possession of your attorney or other representative, please consult with that attorney or representative so that you can fully and accurately respond to the questions. If you do not have room in the space provided to complete your answer, please attach as many sheets of paper as necessary to fully answer the questions. You are obligated to supplement your responses if you learn that they are incomplete or incorrect in any material respect. No answer requires any waiver of privilege.

As used herein, the term "communication" and/or "correspondence" shall mean and refer to any oral, written or electronic transmission of information, including, without limitation, meetings, discussions, conversations, telephone calls, memoranda, letters, e-mails, text messages, conferences, or seminars or any other exchange of information.

As used herein, the term "identify" or "identity" with respect to persons, means to give, to the extent known, the person's full name, their present or last known addresses and phone numbers.

As used herein, the term "person" means natural person, as well as corporate and/or governmental entity.

As used herein, "your attorney" refers to the attorneys that represent you individually in this lawsuit.

As used herein, the terms "Relating to," "relate to," "referring to," "refer to," "reflecting," "reflect," "concerning," or "concern" shall mean evidencing, regarding, concerning, discussing, embodying, describing, summarizing, containing, constituting, showing, mentioning, reflecting, pertaining to, dealing with, relating to, referring to in any way or manner, or in any way logically or factually, connecting with the matter described in that paragraph of these demands, including documents attached to or used in the preparation of or concerning the preparation of the documents.

NOTE TO PEOPLE IN A REPRESENTATIVE CAPACITY

If you are completing this form in a representative capacity, only the information in Section I asks for information about you, individually. Throughout the rest of the Plaintiff Fact Sheet, the questions seek information about the person who you claim was injured, or on whose behalf you bring this lawsuit. Other than in Section I, when a question asks for information about "you" or the "plaintiff," please provide information about the person you claim was injured or on whose behalf you have brought this lawsuit.

I. CASE INFORMATION

1. Name of person completing this form : Dorothy Smith
2. State the following for the civil action which you filed :
 - a. Current case caption : Dorothy Smith v. 3M Company, et al
 - b. Current case number : 18-cv-000348
3. State the name, address, telephone and facsimile numbers, and e-mail address of the principal attorney representing you :
 - a. Name : Tayjes Shah
 - b. Firm : The Miller Firm LLC
 - c. Address : 108 Railroad Ave, Orange, VA 22960
 - d. Telephone : 540-672-4224 Fax : 540-672-3022
 - e. E-mail : tshah@millerfirmllc.com
4. If you are completing this questionnaire in a representative capacity (e.g., on behalf of an estate, or incapacitated or deceased person), please state the following information about yourself :
 - a. Name : N/a
 - b. Any other names (e.g., maiden name or alias) you have used or by which you have been known and the dates you used those names :
 - c. Your Address :
 - d. Individual or estate you are representing, and in what capacity you are representing the individual or estate :
 - e. If you were appointed as a representative by a court, state the court :
 - f. Date of Appointment :
 - g. State your relationship with the represented person claimed to be injured :
 - h. If you represent a decedent's estate, state the date and the address of the place of death :

II. PERSONAL INFORMATION (re Person claiming injuries)

1. State the following regarding your personal information :

a. First Name : Dorothy

Middle Name : J.

Last Name : Smith

b. Any other names (e.g., maiden name or alias) you have used or by which you have been known and the dates when you used those names :

Dorothy Kenney and Dorothy Bayes

c. Social Security Number :

d. Address : 877 Leona Avenue Columbus, OH 32301

e. State how long you have lived at your present address : 30 years

f. Identify all persons who lived with you at the time of the events alleged in the Complaint, and their relationship to you : Arthur Smith- husband

2. Driver's license number and state issuing license : rd485390; OH

3. Date and place of birth : West Virginia

4. Sex : Female

5. If you have Medicare, please state your HICN number (if known) : 1A

6. Identify each address at which you have resided during the last ten (10) years, and list the approximate years when you started and stopped living at each one :

Address	Date of Residence Start	Date of Residence End
877 Leona Ave Columbus, OH	01/01/1988	

7. Are you currently, or have you ever been, married?

Yes

If "yes," for each spouse, please state the following:

Name and Address (if different from yours) of Spouse	Date of Birth	Date Marriage Began	Date Marriage Ended	How Marriage Ended
Arthur Smith		10/15/1987	04/19/2013	death
Andrew Bayes		09/28/1964	10/00/1970	Divorce

8. For each of your children, please state their name and year of birth :

Children Name	Year of Birth
Vanessa Bayes	

Chaney Bayes	
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9. Identify the following information for each school, college, university, vocational school, or other educational institution you have attended beginning with high school :

Name of School	City and State	Dates of attendance Start	Dates of attendance End	Degree Awarded	Major or Primary Field
Stratton High	Beckley, WV	09/01/1959	06/01/1963	Diploma	

10. For your current employer (if you are not currently employed, your last employer) and each employer for the last ten (10) years, state the following to the extent you can recall :

Name and Address of Employer	Approx. Dates of Employment Start	Approx. Dates of Employment End	Occupation/Job Title	Reason for Leaving
Retired 2001				

11. Have you ever served in any branch of the military?

No

12. Have you ever been rejected from military service for any reason relating to your medical or physical condition?

No

13. Have you been convicted of a felony or a crime involving a dishonest act or false statement in the last ten (10) years?

No

14. Do you recall ever visiting a website, blog, etc., regarding the use of patient warming systems during surgery, or any risks or benefits to patient warming in general or by device type? If so, identify the website, blog, etc., you visited and the location of any copy of the information you reviewed if it still exists:

No

15. Do you recall ever posting or writing anywhere on the internet in a public forum about Defendants, any patient warming system or device, or the injuries you allege were caused by Defendants' product, including but not limited to, posting on a personal website, blog, Facebook account, Linked In account, or other social media?

No

16. Do you have any drawings, journals, slides, diaries, notes, letters, or emails which refer to your health or well being relating to your surgery, alleged injury, and your life after your alleged injury?

No

III. SURGERY INFORMATION

To the extent responsive information to the questions below is available in medical records in your possession or in the possession of your attorneys, please produce such records.

1. Do you have information that a Bair Hugger™ Patient Warming System ("Bair Hugger system") was used during the surgery allegedly connected to the infection at issue?

No

2. Other than based upon information from a consulting expert, do you have information as to whether the operating room (where the surgery at which you claim you were injured was performed) utilized a laminar air flow system at the time of your surgery?

Do not know.

3. State the following information related to the surgery or surgeries at which you claim you were injured by a Bair Hugger system (answer separately for each surgery at issue) :

Surgery Details : 1

Hospital Name :

Riverside Methodist Hospital

Date of surgery :

01/21/2016

Location of surgery :

3535 Olentangy Rive Road Columbus, OH 43214

Identify the physician performing the surgery :

Kurt Louis Unverferth, MD

Type of surgery :

Left Total Hip Arthroplasty

Reason for surgery :

Osteoarthritis

Your height and weight at the time of surgery :

5'3" 234lbs

List all medical conditions or diagnoses (for example, high blood pressure or diabetes) that you had at the time you went into surgery :

Anxiety, diabetes, fibroid, high cholesterol, hypertension, hypothyroidism, multiple sclerosis, and spinal stenosis

Identify any infections you had, if any, during the 6 months before you had surgery :

None

Identify all persons with whom you had discussions about the risks of surgery, and describe the risks discussed :

Identify the type of microbe, bacterium, virus, or organism, you allege caused the infection that is the subject of this lawsuit (if known) and the basis for your knowledge If not subject to privilege :

None

4. Has anyone, excluding any retained medical or scientific expert or your attorneys, expressed the opinion or otherwise told you that the Bair Hugger system caused the infection or injury that is the basis for this lawsuit?

No

5. Are you aware of any non-privileged tests or inspections that have been conducted of the Bair Hugger system allegedly used at your surgery, or of any other Bair Hugger device?

No

IV. GENERAL MEDICAL INFORMATION

1. Identify the following vital statistics :

Current (last) height : 5'4 1/2

Current (last) weight : 230

2. Identify the name and address of your current (last) family and/or primary care physician :

Family Name	Address	Primary care Physician
Jeannie Hughes, MD	444 North Cleveland Ave Westerville OH	Westerville Family Physicians

3. Identify all healthcare providers with whom you have consulted or treated beginning seven (7) years before the surgery at which you claim you were injured by a Bair Hugger system through the present, and for each provider, state the following information :

Doctor or Healthcare Provider's Name	Specialty	Address	Years of Visits Start	Years of Visits End	Reasons for Seeing this Provider
Kurt Unverferth, MD,	Orthopedic Surgeon	4605 Sawmill Rd, Upper Arlington, OH 43220	01/01/2011		hip

4. For each hospital, clinic, surgery center, healthcare facility, physical therapy or rehabilitation center where you have received medical treatment (in-patient, out-patient, urgent care or emergency room) from the time seven (7) years before the surgery at which you claim you were injured by a Bair Hugger system to the present, state the following information :

Name	Address and Telephone Number	Admission Start Date	Admission End Date	Reason for Admission
N/a				
Riverside Methodist Hospital	3535 Olentangy River Rd, Columbus, OH 43214 Phone: (614) 566-5000	01/01/2000		Total hip replacement, thyroidectomy and Gallbladder

5. List all of the medications (prescription and over the counter) you currently take.

Medication	Dose/ Frequency of Use	Physician Ordering	Purpose
Levothyroxine	88mg once daily	Jeannie Hughes, MD	hypothyroidism

Pantoprazole	40mg once daily	Dr. Jeannie Hughes	GERD
Glimepiride	2mg once daily	Dr. Jeannie Hughes	Diabetes
Simvastatin	40 mg once daily	Dr. Jeannie Hughes	high cholesterol
Paroxetine	20 mg once daily	Dr. Jeannie Hughes	depression and anxiety
Copaxone	40 mg 3 times a week	Dr. Jeannie Hughes	MS

6. For each prescription medication you have taken at least once a month over the course of four months or more at any time during the last seven (7) years prior to the surgery, other than the ones above, identify the following information :

Name of Prescription Medication	Who Prescribed the Medication	Understanding of Reason for Taking	Start Date taken	End Date taken
Ibuprofen	Dr. Jeannie	pain	01/01/2011	

7. Identify the following for each pharmacy, drugstore, or other facility or supplier (including, but not limited to, mail order pharmacies) that has dispensed medication to you in the past five (5) years :

Name of Pharmacy	Address and Telephone Number of Pharmacy	Start date You Used Pharmacy	End date You Used Pharmacy
Do not recall			

8. Identify all dental procedures you had beginning 6 months prior to and continuing through 6 months after the surgery during which you claim you were injured by the Bair Hugger system. For each procedure, provide the following information :

Dentist or Healthcare Provider's Name	Address	Date of Procedure	Type of Procedure
N/A			

9. Have you ever used tobacco in any form from the time five (5) years before the surgery at which you claim you were injured by the Bair Hugger system to present?

No

10. For the time period starting one (1) year before the surgery at which you claim you were injured by the Bair Hugger system to the present, have you been treated as an in-patient or out-patient for drug or alcohol abuse or addiction?

No

V. INSURANCE AND OTHER CLAIM INFORMATION

1. Identify any person, insurance company (including any Medicare Advantage Organization), or other entity, including Medicare or Medicaid, that provided medical coverage to you (either directly or through a group, including any employer) or paid medical bills on your behalf at any time, beginning five (5) years before your alleged injuries through the present.

Name of Entity	Policy Number	Name of Policy Holder or Insured (if not you)	Approx. Dates of Coverage
Humana Inc.	H68503207		04/12/2017

2. Have you ever filed a worker's compensation claim in the last ten (10) years?

No

3. Have you ever been out of work for more than thirty (30) days in any one or more of the last ten (10) years, for any reasons related to your health excluding maternity leave?

No

4. Have you ever filed social security disability claims (SSI or SSD) or filed a disability claim with a private insurer?

Yes

If "yes," please state :

Approximate year of the claim : 2000

Nature of disability : disable

Was the claim denied? N

5. Have you ever filed a lawsuit or made a claim, other than the present lawsuit, relating to any bodily injury in the last ten (10) years?

No

6. Have you ever filed for bankruptcy subsequent to the date of the surgery in which you claim you were injured by the Bair Hugger system?

No

VI. CURRENT CLAIM INFORMATION

1. Do you allege that you suffered physical and/or bodily injury related to use of a Bair Hugger system?

Yes

If "yes" : describe each bodily injury :

Warming blanket caused infection, which required me to have additional surgery

State the approximate date on which you first became aware of the injury(ies) (regardless of whether you associated the injury with the use of a Bair Hugger system) :

3/2016

If you are currently experiencing any symptoms related to an alleged injury that you attribute to use of a Bair Hugger system, describe your symptoms and any treatment you are currently receiving :

Yes, pain

Describe any activities that you can no longer perform, or cannot perform as well, since the time you allege you were injured :

can't tie shoe laces, dressing self, walking, operate vehicle, daily routine and lose balance

Describe any other physical harm or consequences you suffered as a result :

No

2. Do you allege that use of a Bair Hugger system worsened or aggravated a previously existing injury or condition?

Yes

If "yes," describe the previously existing injury or condition, the approximate date of onset of the previously existing injury or condition, and any treatment for and resolution of the injury or condition :

Pain in leg

3. Do you claim damages related to emotional distress or psychological injuries as a result of use of a Bair Hugger system?

No

psychiatrist, psychologist, or any other mental healthcare professional who has ever treated you, or who you are currently seeing, for any alleged emotional distress or psychological injuries described in the previous question :

Doctor or Healthcare Provider's Name	Specialty	Address	Reasons for Seeing this Provider	Years of Visits Start	Years of Visits End
N/A					

5. Have you read or seen any written, televised, or internet-based advertising or labeling material related to a Bair Hugger system other than in consultation with your attorney?

No

6. In connection with the surgery at which you claim you were injured, were you given any oral or written information or warnings concerning the Bair Hugger system?

No

7. Have you or has anyone acting on your behalf (other than your attorney) had any communications with any Arizant or 3M representative regarding your surgery with and/or claim of injuries from use of a Bair Hugger system?

No

8. Did any representative of Arizant or 3M ever tell you that you got a warranty related to the Bair Hugger™ Patient Warming System or otherwise represent to you the expected performance of the Bair Hugger system ?

No

9. Please describe any communications, correspondence, or interactions between You and any representative of Augustine Temperature Management, including but not limited to Dr. Scott Augustine.

None

VII. ECONOMIC DAMAGES

1. Are you making a claim for loss of past wages or income?

No

2. Are you making a claim for loss of future wages, income, or earning capacity?

No

3. Have you paid out-of-pocket medical expenses that are related to any condition that you allege was caused by a defect in aBair Hugger system?

No

4. For any expenses claimed above, have they been reimbursed or reduced by any third party?

No

5. To your knowledge, has your insurer, or any other entity or person (including the government or a governmental agency or program), paid or incurred any medical expenses related to any condition that you allege was caused by the Bair Hugger system?

Yes

If "yes," identify the name and approximate dates during which your insurer, or other entity or person, paid or incurred any such medical expenses. 2016 Medicare and Humana insurance

6. Provide a statement of the nature and approximate amount of any other economic damages you claim in this lawsuit :

N/A

VIII. PERSONS WITH KNOWLEDGE

1. Identify each person (other than your healthcare providers or attorneys) who possesses important information about the facts of your lawsuit, including your injuries and current medical conditions, to the extent not already listed :

Name	Address	Relationship to You	Subject Matter of Knowledge
Anna Bayes	Columbus, OH	daughter	Lawsuit

2. Has anyone (other than your healthcare providers or attorneys) provided you with a verbal or written statement about the facts or circumstances relating to this lawsuit, including the use of patient warning systems or the conduct or representations of Defendants?

No

IX. LOSS OF CONSORTIUM PLAINTIFFS

1. State the following :

- a. Your name : N/A
- b. Any other names (e.g., maiden name or alias) you have used or by which you have been known and the dates you used those names :
- c. Your Social Security Number :
- d. Your address :
- e. State how long you have lived at your present address :

2. Sex : Female

3. Identify each address at which you have resided during the last five (5) years, and list when you started and stopped living at each one :

4. Are you currently, or have you ever been, married to the primary plaintiff in this action?

If "yes," please state when and where you were married, how long you were married, and when and how the marriage ended (if it did) :

5. Do you have any children with the primary plaintiff?

If "yes," please identify their names and years of birth :

6. Describe separately and in detail each and every loss of care, services, companionship, counsel, advice, assistance, comfort, consortium, or any similar loss you are claiming :

X. DOCUMENTATION

Name	Form Name	Modified
Dorothy Smith-0000517021.pdf	Dorothy Smith- (BH & Infection) Riverside methodist-.pdf	7/18/2018 10:08:18 AM
Smith, dorot-0000517022.pdf	Smith, dorothy- BH PFS Signaure Pages .pdf	7/18/2018 10:08:40 AM

Authorizations : Please sign and attach to this Fact Sheet the authorizations for release of records appended hereto.

Documents within your possession : if you have any of the following materials in your possession, please attach a copy to this Fact Sheet.

All diagnostic tests and test results, including original films or video of ultra sounds, MRIs, x-rays, CT scans, etc., taken during the time from ten (10) years before the surgery at which you allege you were injured by use of a 3MTM Bair HuggerTM Patient Warming System to the present.

Copies of all documents from physicians, healthcare providers, or others related to the surgery at which you claim you were injured, any patient warming system, or your recovery from surgery.

Any documents that reflect, show or establish the use of a Bair Hugger system during the surgery at which you claim you were injured.

All documents related to, concerning, or constituting product use instructions, product warnings, package inserts, warranties, guarantees, or other materials provided to you that relate to the Bair Hugger system.

All non-privileged statements obtained from or given by any person having knowledge of facts relevant to your specific case.

All documents relating to the surgery at which you claim you were injured, including, but not limited to medical records, medical bills, prescriptions, diaries, notes, rehabilitation instructions, etc., whether made by you or any other person or entity.

All documents regarding the health risks or hazards associated with or possibly arising from surgery, which you received or generated in connection with or at any time before the surgery at which you claim you were injured.

All documents in your possession that you believe were provided to you by any Defendant (unless they first were given to you by your attorney), related to the claims in your case.

All documents and things in your possession that relate to any Defendant and were in your possession before the surgery at which you claim you were injured, related to the claims in your case.

If you claim to have suffered a loss of earnings or lost earnings capacity, your federal tax returns and W-2s for

each year, beginning three years prior to the injury you allege is related to the use of a Bair Hugger system through the present.

If you claim any loss from medical expenses, copies of all bills from any physician, hospital, pharmacy, or other healthcare provider.

Decedent's death certificate (if applicable).

K. If you claim any loss from medical expenses, copies of all bills from any physician, hospital, pharmacy, or other healthcare provider.

L. Decedent's death certificate (if applicable).

VERIFICATION

Pursuant to 28 U.S.C. § 1746, I declare under the penalty of perjury that all of the information provided in this Fact Sheet is true and correct to the best of my knowledge.

Dorothy J Smith
Print Name

Dorothy J Smith
Signature

July 23, 2018
Date

Print Name
(Loss of Consortium Plaintiff)

Signature

Date

Exhibit C

**UNITED STATES DISTRICT COURT
DISTRICT OF MINNESOTA**

In re: BAIR HUGGER FORCED AIR WARMING
DEVICES PRODUCTS LIABILITY LITIGATION
This Document Relates To:
All Actions

MDL No. 15-2666 (JNE/FLN)
[Proposed]
PRETRIAL ORDER NO. :
PLAINTIFF FACT SHEET

Plaintiff: Dorothy Smith

This Plaintiff Fact Sheet must be completed pursuant to the Pretrial Order by each plaintiff or their personal representative. Section IX must be completed by loss of consortium plaintiffs.

In completing this Fact Sheet, you are under oath and must provide information that is true and correct to the best of your knowledge. Please answer every question, and do not leave any blanks throughout this Fact Sheet. If you cannot recall all of the details requested, please provide as much information as you can. If a question is not applicable to you, please state "Not Applicable" or "N/A." If any information you need to complete this Fact Sheet is in the possession of your attorney or other representative, please consult with that attorney or representative so that you can fully and accurately respond to the questions. If you do not have room in the space provided to complete your answer, please attach as many sheets of paper as necessary to fully answer the questions. You are obligated to supplement your responses if you learn that they are incomplete or incorrect in any material respect. No answer requires any waiver of privilege.

As used herein, the term "communication" and/or "correspondence" shall mean and refer to any oral, written or electronic transmission of information, including, without limitation, meetings, discussions, conversations, telephone calls, memoranda, letters, e-mails, text messages, conferences, or seminars or any other exchange of information.

As used herein, the term "identify" or "identity" with respect to persons, means to give, to the extent known, the person's full name, their present or last known addresses and phone numbers.

As used herein, the term "person" means natural person, as well as corporate and/or governmental entity.

As used herein, "your attorney" refers to the attorneys that represent you individually in this lawsuit.

As used herein, the terms "Relating to," "relate to," "referring to," "refer to," "reflecting," "reflect," "concerning," or "concern" shall mean evidencing, regarding, concerning, discussing, embodying, describing, summarizing, containing, constituting, showing, mentioning, reflecting, pertaining to, dealing with, relating to, referring to in any way or manner, or in any way logically or factually, connecting with the matter described in that paragraph of these demands, including documents attached to or used in the preparation of or concerning the preparation of the documents.

NOTE TO PEOPLE IN A REPRESENTATIVE CAPACITY

If you are completing this form in a representative capacity, only the information in Section I asks for information about you, individually. Throughout the rest of the Plaintiff Fact Sheet, the questions seek information about the person who you claim was injured, or on whose behalf you bring this lawsuit. Other than in Section I, when a question asks for information about "you" or the "plaintiff," please provide information about the person you claim was injured or on whose behalf you have brought this lawsuit.

I. CASE INFORMATION

1. Name of person completing this form : Dorothy Smith
2. State the following for the civil action which you filed :
 - a. Current case caption : Dorothy Smith v. 3M Company, et al
 - b. Current case number : 18-cv-000348
3. State the name, address, telephone and facsimile numbers, and e-mail address of the principal attorney representing you :
 - a. Name : Tayjes Shah
 - b. Firm : The Miller Firm LLC
 - c. Address : 108 Railroad Ave, Orange, VA 22960
 - d. Telephone : 540-672-4224 Fax : 540-672-3022
 - e. E-mail : tshah@millerfirmllc.com
4. If you are completing this questionnaire in a representative capacity (e.g., on behalf of an estate, or incapacitated or deceased person), please state the following information about yourself :
 - a. Name : N/a
 - b. Any other names (e.g., maiden name or alias) you have used or by which you have been known and the dates you used those names :
 - c. Your Address :
 - d. Individual or estate you are representing, and in what capacity you are representing the individual or estate :
 - e. If you were appointed as a representative by a court, state the court :
 - f. Date of Appointment :
 - g. State your relationship with the represented person claimed to be injured :
 - h. If you represent a decedent's estate, state the date and the address of the place of death :

II. PERSONAL INFORMATION (re Person claiming injuries)

1. State the following regarding your personal information :
 - a. First Name : Dorothy
Middle Name : J.
Last Name : Smith
 - b. Any other names (e.g., maiden name or alias) you have used or by which you have been known and the dates when you used those names :
Dorothy Kenney and Dorothy Bayes
 - c. Social Security Number :
 - d. Address : 877 Leona Avenue Columbus, OH 32301
 - e. State how long you have lived at your present address : 30 years
 - f. Identify all persons who lived with you at the time of the events alleged in the Complaint, and their relationship to you : Arthur Smith- husband
2. Driver's license number and state issuing license : rd485390; OH
3. Date and place of birth : West Virginia
4. Sex : Female
5. If you have Medicare, please state your HICN number (if known) : A
6. Identify each address at which you have resided during the last ten (10) years, and list the approximate years when you started and stopped living at each one :

Address	Date of Residence Start	Date of Residence End
877 Leona Ave Columbus, OH	01/01/1988	

7. Are you currently, or have you ever been, married?

Yes

If "yes," for each spouse, please state the following:

Name and Address (if different from yours) of Spouse	Date of Birth	Date Marriage Began	Date Marriage Ended	How Marriage Ended
Arthur Smith			04/19/2013	death
Andrew Bayes			10/00/1970	Divorce

8. For each of your children, please state their name and year of birth :

Children Name	Year of Birth
Vanessa Bayes	

Chaney Bayes	
--------------	--

9. Identify the following information for each school, college, university, vocational school, or other educational institution you have attended beginning with high school :

Name of School	City and State	Dates of attendance Start	Dates of attendance End	Degree Awarded	Major or Primary Field
Stratton High	Beckley, WV	09/01/1959	06/01/1963	Diploma	

10. For your current employer (if you are not currently employed, your last employer) and each employer for the last ten (10) years, state the following to the extent you can recall :

Name and Address of Employer	Approx. Dates of Employment Start	Approx. Dates of Employment End	Occupation/Job Title	Reason for Leaving
Retired 2001				

11. Have you ever served in any branch of the military?

No

12. Have you ever been rejected from military service for any reason relating to your medical or physical condition?

No

13. Have you been convicted of a felony or a crime involving a dishonest act or false statement in the last ten (10) years?

If "yes," state the type and nature of the underlying conduct or event :

Court/State entering conviction :

Date of conviction :

14. Do you recall ever visiting a website, blog, etc., regarding the use of patient warming systems during surgery, or any risks or benefits to patient warming in general or by device type? If so, identify the website, blog, etc., you visited and the location of any copy of the information you reviewed if it still exists:

No

15. Do you recall ever posting or writing anywhere on the internet in a public forum about Defendants, any patient warming system or device, or the injuries you allege were caused by Defendants' product, including but not limited to, posting on a personal website, blog, Facebook account, Linked In account, or other social media?

16. Do you have any drawings, journals, slides, diaries, notes, letters, or emails which refer to your health or well being relating to your surgery, alleged injury, and your life after your alleged injury?

No

III. SURGERY INFORMATION

To the extent responsive information to the questions below is available in medical records in your possession or in the possession of your attorneys, please produce such records.

1. Do you have information that a Bair Hugger™ Patient Warming System ("Bair Hugger system") was used during the surgery allegedly connected to the infection at issue?

No

2. Other than based upon information from a consulting expert, do you have information as to whether the operating room (where the surgery at which you claim you were injured was performed) utilized a laminar air flow system at the time of your surgery?

Do not know.

3. State the following information related to the surgery or surgeries at which you claim you were injured by a Bair Hugger system (answer separately for each surgery at issue) :

Surgery Details : 1

Hospital Name :

Riverside Methodist Hospital

Date of surgery :

01/21/2016

Location of surgery :

3535 Olentangy Rive Road Columbus, OH 43214

Identify the physician performing the surgery :

Kurt Louis Unverferth, MD

Type of surgery :

Left Total Hip Arthroplasty

Reason for surgery :

Osteoarthritis

Your height and weight at the time of surgery :

5'3" 234lbs

List all medical conditions or diagnoses (for example, high blood pressure or diabetes) that you had at the time you went into surgery :

Anxiety, diabetes, fibroid, high cholesterol, hypertension, hypothyroidism, multiple sclerosis, and spinal stenosis

Identify any infections you had, if any, during the 6 months before you had surgery :

None

Identify all persons with whom you had discussions about the risks of surgery, and describe the risks discussed :

Identify the type of microbe, bacterium, virus, or organism, you allege caused the infection that is the subject of this lawsuit (if known) and the basis for your knowledge if not subject to privilege :

None

4. Has anyone, excluding any retained medical or scientific expert or your attorneys, expressed the opinion or otherwise told you that the Bair Hugger system caused the infection or injury that is the basis for this lawsuit?

No

5. Are you aware of any non-privileged tests or inspections that have been conducted of the Bair Hugger system allegedly used at your surgery, or of any other Bair Hugger device?

No

IV. GENERAL MEDICAL INFORMATION

1. Identify the following vital statistics :

Current (last) height : 5'4 1/2

Current (last) weight : 230

2. Identify the name and address of your current (last) family and/or primary care physician :

Family Name	Address	Primary care Physician
Jeannie Hughes, MD	444 North Cleveland Ave Westerville OH	Westerville Family Physicians

3. Identify all healthcare providers with whom you have consulted or treated beginning seven (7) years before the surgery at which you claim you were injured by a Bair Hugger system through the present, and for each provider, state the following information :

Doctor or Healthcare Provider's Name	Specialty	Address	Years of Visits Start	Years of Visits End	Reasons for Seeing this Provider
Kurt Unverferth, MD,	Orthopedic Surgeon	4605 Sawmill Rd, Upper Arlington, OH 43220	01/01/2011		hip

4. For each hospital, clinic, surgery center, healthcare facility, physical therapy or rehabilitation center where you have received medical treatment (in-patient, out-patient, urgent care or emergency room) from the time seven (7) years before the surgery at which you claim you were injured by a Bair Hugger system to the present, state the following information :

Name	Address and Telephone Number	Admission Start Date	Admission End Date	Reason for Admission
N/a				
Riverside Methodist Hospital	3535 Olentangy River Rd, Columbus, OH 43214 Phone: (614) 566-5000	01/01/2000		Total hip replacement, thyroidectomy and Gallbladder

5. List all of the medications (prescription and over the counter) you currently take.

Medication	Dose/ Frequency of Use	Physician Ordering	Purpose
Levothyroxine	88mg once daily	Jeannie Hughes, MD	hypothyroidism
Over-the-counter	Aspirin 81mg daily	Dr. James T. McCallister	Cardiovascular Protection

Pantoprazole	40mg once daily	Dr. Jeannie Hughes	GERD
Glimepiride	2mg once daily	Dr. Jeannie Hughes	Diabetes
Simvastatin	40 mg once daily	Dr. Jeannie Hughes	high cholesterol
Paroxetine	20 mg once daily	Dr. Jeannie Hughes	depression and anxiety
Copaxone	40 mg 3 times a week	Dr. Jeannie Hughes	MS

6. For each prescription medication you have taken at least once a month over the course of four months or more at any time during the last seven (7) years prior to the surgery, other than the ones above, identify the following information :

Name of Prescription Medication	Who Prescribed the Medication	Understanding of Reason for Taking	Start Date taken	End Date taken
Ibuprofen	Dr. Jeannie	pain	01/01/2011	

7. Identify the following for each pharmacy, drugstore, or other facility or supplier (including, but not limited to, mail order pharmacies) that has dispensed medication to you in the past five (5) years :
8. Identify all dental procedures you had beginning 6 months prior to and continuing through 6 months after the surgery during which you claim you were injured by the Bair Hugger system. For each procedure, provide the following information :

Dentist or Healthcare Provider's Name	Address	Date of Procedure	Type of Procedure
N/A			

9. Have you ever used tobacco in any form from the time five (5) years before the surgery at which you claim you were injured by the Bair Hugger system to present?

No

10. For the time period starting one (1) year before the surgery at which you claim you were injured by the Bair Hugger system to the present, have you been treated as an in-patient or out-patient for drug or alcohol abuse or addiction?

No

V. INSURANCE AND OTHER CLAIM INFORMATION

1. Identify any person, insurance company (including any Medicare Advantage Organization), or other entity, including Medicare or Medicaid, that provided medical coverage to you (either directly or through a group, including any employer) or paid medical bills on your behalf at any time, beginning five (5) years before your alleged injuries through the present.

Name of Entity	Policy Number	Name of Policy Holder or Insured (if not you)	Approx. Dates of Coverage
Humana Inc.	H68503207		04/12/2017

2. Have you ever filed a worker's compensation claim in the last ten (10) years?

No

3. Have you ever been out of work for more than thirty (30) days in any one or more of the last ten (10) years, for any reasons related to your health excluding maternity leave?

No

4. Have you ever filed social security disability claims (SSI or SSD) or filed a disability claim with a private insurer?

Yes

If "yes," please state :

Approximate year of the claim : 2000

Nature of disability : disable

Was the claim denied? N

5. Have you ever filed a lawsuit or made a claim, other than the present lawsuit, relating to any bodily injury in the last ten (10) years?

No

6. Have you ever filed for bankruptcy subsequent to the date of the surgery in which you claim you were injured by the Bair Hugger system?

No

VI. CURRENT CLAIM INFORMATION

1. Do you allege that you suffered physical and/or bodily injury related to use of a Bair Hugger system?

Yes

If "yes" : describe each bodily injury :

Warming blanket caused infection, which required me to have additional surgery

State the approximate date on which you first became aware of the injury(ies) (regardless of whether you associated the injury with the use of a Bair Hugger system) :

3/2016

If you are currently experiencing any symptoms related to an alleged injury that you attribute to use of a Bair Hugger system, describe your symptoms and any treatment you are currently receiving :

Yes, pain

Describe any activities that you can no longer perform, or cannot perform as well, since the time you allege you were injured :

can't tie shoe laces, dressing self, walking, operate vehicle, daily routine and lose balance

Describe any other physical harm or consequences you suffered as a result :

No

2. Do you allege that use of a Bair Hugger system worsened or aggravated a previously existing injury or condition?

Yes

If "yes," describe the previously existing injury or condition, the approximate date of onset of the previously existing injury or condition, and any treatment for and resolution of the injury or condition :

Pain in leg

3. Do you claim damages related to emotional distress or psychological injuries as a result of use of a Bair Hugger system?

No

psychiatrist, psychologist, or any other mental healthcare professional who has ever treated you, or who you are currently seeing, for any alleged emotional distress or psychological injuries described in the previous question :

Doctor or Healthcare Provider's Name	Specialty	Address	Reasons for Seeing this Provider	Years of Visits Start	Years of Visits End
N/A					

5. Have you read or seen any written, televised, or internet-based advertising or labeling material related to a Bair Hugger system other than in consultation with your attorney?

No

6. In connection with the surgery at which you claim you were injured, were you given any oral or written information or warnings concerning the Bair Hugger system?

No

7. Have you or has anyone acting on your behalf (other than your attorney) had any communications with any Arizant or 3M representative regarding your surgery with and/or claim of injuries from use of a Bair Hugger system?

No

8. Did any representative of Arizant or 3M ever tell you that you got a warranty related to the Bair Hugger™ Patient Warming System or otherwise represent to you the expected performance of the Bair Hugger system ?

No

9. Please describe any communications, correspondence, or interactions between You and any representative of Augustine Temperature Management, including but not limited to Dr. Scott Augustine.

None

VII. ECONOMIC DAMAGES

1. Are you making a claim for loss of past wages or income?

No

2. Are you making a claim for loss of future wages, income, or earning capacity?

No

3. Have you paid out-of-pocket medical expenses that are related to any condition that you allege was caused by a defect in aBair Hugger system?

No

4. For any expenses claimed above, have they been reimbursed or reduced by any third party?

No

5. To your knowledge, has your insurer, or any other entity or person (including the government or a governmental agency or program), paid or incurred any medical expenses related to any condition that you allege was caused by the Bair Hugger system?

Yes

If "yes," identify the name and approximate dates during which your insurer, or other entity or person, paid or incurred any such medical expenses. 2016 Medicare and Humana insurance

6. Provide a statement of the nature and approximate amount of any other economic damages you claim in this lawsuit :

N/A

VIII. PERSONS WITH KNOWLEDGE

1. Identify each person (other than your healthcare providers or attorneys) who possesses important information about the facts of your lawsuit, including your injuries and current medical conditions, to the extent not already listed :

Name	Address	Relationship to You	Subject Matter of Knowledge
Anna Bayes	Columbus, OH	daughter	Lawsuit

2. Has anyone (other than your healthcare providers or attorneys) provided you with a verbal or written statement about the facts or circumstances relating to this lawsuit, including the use of patient warning systems or the conduct or representations of Defendants?

No

IX. LOSS OF CONSORTIUM PLAINTIFFS

1. State the following :
 - a. Your name : N/A
 - b. Any other names (e.g., maiden name or alias) you have used or by which you have been known and the dates you used those names :
 - c. Your Social Security Number :
 - d. Your address :
 - e. State how long you have lived at your present address :
2. Sex : Female
3. Identify each address at which you have resided during the last five (5) years, and list when you started and stopped living at each one :
4. Are you currently, or have you ever been, married to the primary plaintiff in this action?
If "yes," please state when and where you were married, how long you were married, and when and how the marriage ended (if it did) :
5. Do you have any children with the primary plaintiff?
If "yes," please identify their names and years of birth :
6. Describe separately and in detail each and every loss of care, services, companionship, counsel, advice, assistance, comfort, consortium, or any similar loss you are claiming :

X. DOCUMENTATION

Name	Form Name	Modified
Dorothy Smith-0000517011.pdf	Dorothy Smith- (BH & Infection) Riverside methodist-.pdf	6/18/2018 3:32:19 PM
Smith, dorot-0000517012.pdf	Smith, dorothy- BH PFS Signaure Pages .pdf	6/18/2018 3:32:34 PM

Authorizations : Please sign and attach to this Fact Sheet the authorizations for release of records appended hereto.

Documents within your possession : if you have any of the following materials in your possession, please attach a copy to this Fact Sheet.

All diagnostic tests and test results, including original films or video of ultra sounds, MRIs, x-rays, CT scans, etc., taken during the time from ten (10) years before the surgery at which you allege you were injured by use of a 3MTM Bair HuggerTM Patient Warming System to the present.

Copies of all documents from physicians, healthcare providers, or others related to the surgery at which you claim you were injured, any patient warming system, or your recovery from surgery.

Any documents that reflect, show or establish the use of a Bair Hugger system during the surgery at which you claim you were injured.

All documents related to, concerning, or constituting product use instructions, product warnings, package inserts, warranties, guarantees, or other materials provided to you that relate to the Bair Hugger system.

All non-privileged statements obtained from or given by any person having knowledge of facts relevant to your specific case.

All documents relating to the surgery at which you claim you were injured, including, but not limited to medical records, medical bills, prescriptions, diaries, notes, rehabilitation instructions, etc., whether made by you or any other person or entity.

All documents regarding the health risks or hazards associated with or possibly arising from surgery, which you received or generated in connection with or at any time before the surgery at which you claim you were injured.

All documents in your possession that you believe were provided to you by any Defendant (unless they first were given to you by your attorney), related to the claims in your case.

All documents and things in your possession that relate to any Defendant and were in your possession before the surgery at which you claim you were injured, related to the claims in your case.

If you claim to have suffered a loss of earnings, or lost earnings capacity, your federal tax returns and W-2s for

each year, beginning three years prior to the injury you allege is related to the use of a Bair Hugger system through the present.

If you claim any loss from medical expenses, copies of all bills from any physician, hospital, pharmacy, or other healthcare provider.

Decedent's death certificate (if applicable).

K. If you claim any loss from medical expenses, copies of all bills from any physician, hospital, pharmacy, or other healthcare provider.

L. Decedent's death certificate (if applicable).

VERIFICATION

Pursuant to 28 U.S.C. § 1746, I declare under the penalty of perjury that all of the information provided in this Fact Sheet is true and correct to the best of my knowledge.

Dorothy J Smith
Print Name
Dorothy J Smith
Signature
June 14, 2018
Date

Print Name
(Loss of Consortium Plaintiff)

Signature

Date

LIMITED AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

(Pursuant to the Health Insurance Portability and Accountability Act "HIPAA" of 4/14/03)

TO:

Patient Name: Dorothy J. Smith

DOB: 1/22/1945

SSN: 236-74-4171

I, Dorothy J. Smith, hereby authorize you to release and furnish to:
Faegre Baker Daniels and/or its designee copies of the following information:

- * All medical records, including inpatient, outpatient, and emergency room treatment, all clinical charts, reports, documents, correspondence, test results, statements, questionnaires/histories, office and doctors' handwritten notes, and records received by other physicians, dated from _____ (seven years prior to the date of the subject surgery) to the present.
 - * All autopsy, laboratory, histology, cytology, pathology, radiology, CT Scan, MRI, echocardiogram and cardiac catheterization reports, dated from _____ (seven years prior to the date of the subject surgery) to the present.
 - * All radiology films, mammograms, myelograms, CT scans, photographs, bone scans, pathology/cytology/histology/autopsy/immunohistochemistry specimens, cardiac catheterization videos/CDs/films/reels, and echocardiogram videos, dated from _____ (seven years prior to the date of the subject surgery) to the present.
 - * All pharmacy/prescription records, including NDC numbers and drug information handouts/monographs, dated from _____ (seven years prior to the date of the subject surgery) to the present.
 - * All billing records including all statements, itemized bills, and insurance records, dated from _____ (seven years prior to the date of the subject surgery) to the present.
1. To my medical provider: this authorization is being forwarded by, or on behalf of, attorneys for the defendant for the purpose of litigation. You are not authorized to discuss any aspect of the above-named person's medical history, care, treatment, diagnosis, prognosis, information revealed by or in the medical records, or any other matter bearing on his or her medical or physical condition, unless you receive an additional authorization permitting such discussion. Subject to all applicable legal objections, this restriction does not apply to discussing my medical history, care, treatment, diagnosis, prognosis, information revealed by or in the medical records, or any other matter bearing on my medical or physical condition at a deposition or trial.

2. I understand that the information in my health record may include information relating to information about behavioral or mental health services and treatment for alcohol and drug abuse.
3. I understand that I have the right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing and present my written revocation to the health information management department. I understand the revocation will not apply to information that has already been released in response to this authorization. I understand the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. Unless otherwise revoked, this authorization will expire in one year.
4. I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I need not sign this form in order to assure treatment. I understand I may inspect or copy the information to be used or disclosed as provided in C.F.R. 164.524. I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules. If I have questions about disclosure of my health information, I can contact the releaser indicate above.
5. A notarized signature is not required. C.F.R. 164.508. A copy of this authorization may be used in place of an original.

Print Name:

Dorothy J Smith (plaintiff/representative)

Signature:

Dorothy J Smith Date: 6-14-18

Exhibit D

Shareeka A. Allen

From: Tayjes Shah
Sent: Thursday, November 08, 2018 2:49 PM
To: Shareeka A. Allen
Subject: FW: Bair Hugger PFS deficiencies Miller Firm

From: Tayjes Shah
Sent: Thursday, October 18, 2018 11:06 AM
To: 'BHulse@blackwellburke.com' <BHulse@blackwellburke.com>
Cc: Wendy Thayer <wendy@pritzkerlaw.com>; Shareeka A. Allen <sallen@millerfirmllc.com>
Subject: Bair Hugger PFS deficiencies Miller Firm

Ben,

Please note that we have submitted the PFS for Connie Spriggs (0:18-cv-01707-JNE-DTS) that was overdue. Also, please note we received a notice of persistent deficiencies for Raymond Chase (0:18-cv-01033-JNE-DTS) and Dorothy Smith (0:18-cv-00348-JNE-DTS). We had submitted deficiency responses for both client's previously. Can you please specify what core deficiencies you believe are outstanding with these two cases and if any grant us an additional 14 days to address?

Thank you,
TJ

Tayjes Shah, Esq.
The Miller Firm, LLC
P: 540-672-4224

Exhibit E

Shareeka A. Allen

From: Tayjes Shah
Sent: Thursday, November 08, 2018 2:49 PM
To: Shareeka A. Allen
Subject: FW: Bair Hugger PFS deficiencies Miller Firm

From: Ted Hartman [mailto:thartman@blackwellburke.com]
Sent: Tuesday, October 23, 2018 11:11 AM
To: Tayjes Shah <TShah@MillerFirmLLC.com>
Cc: Ben Hulse <BHulse@blackwellburke.com>; Wendy Thayer <wendy@pritzkerlaw.com>; Shareeka A. Allen <sallen@millerfirmllc.com>
Subject: RE: Bair Hugger PFS deficiencies Miller Firm

Good morning, TJ.

Regarding *Chase* (18-1033) the PFS remains deficient for two reasons:

- (1) Although Plaintiff states "Plaintiff is not married" in response to the Consortium questions (**Section IX**), the verification page is signed by a purported loss-of-consortium Plaintiff; and
- (2) The same verification page was submitted with the amended PFS. A new verification page must accompany an amended PFS, please submit the PFS with a proper verification page (that is only signed by the Plaintiff(s) in this case) and it should resolve both deficiencies (however, if there is a loss-of-consortium claim being made, then the PFS should also be amended accordingly).

Regarding *Smith* (18-348):

- (1) The same verification issue exists as above, also a proper verification needs to be dated at the time it is executed.
- (2) In response to question III.1 Plaintiff indicates that there is no evidence that a Bair Hugger system was used in the Plaintiff's surgery, this response is either a core deficiency as stated, or if no proof has been obtained, the case should be dismissed.
- (3) In response to question III.3, Plaintiff responded "none" for the type of microbe, which indicates either that there is no causation for Plaintiff's alleged injury, or this response is a core deficiency.
- (4) In response to question IV.7, Plaintiff responded "Do not recall" for pharmacies – Plaintiff needs to complete this section with substantive responses
- (5) In response to question V.4, Plaintiff responded "disable" as the nature of the disability. This does not respond to the question.

Best,
Ted

Ted D. Hartman

Blackwell Burke P.A.

431 South Seventh Street, Suite 2500

Minneapolis, MN 55415

Direct (612) 343-3234

Fax (612) 343-3205

Licensed to practice in Minnesota, Illinois, and Nebraska.

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Ben,

Please note that we have submitted the PFS for Connie Spriggs (0:18-cv-01707-JNE-DTS) that was overdue. Also, please note we received a notice of persistent deficiencies for Raymond Chase (0:18-cv-01033-JNE-DTS) and Dorothy Smith (0:18-cv-00348-JNE-DTS). We had submitted deficiency responses for both client's previously. Can you please specify what core deficiencies you believe are outstanding with these two cases and if any grant us an additional 14 days to address?

Thank you,

TJ

Tayjes Shah, Esq.

The Miller Firm, LLC

P: 540-672-4224